When to use this form

Use this form to do your Assurance of Support review if you are an assurer and the person you are providing an assurer of support for gets a payment from us. We will use this information to check they are getting the correct entitlement.

Online account

Completing this review online is faster and easier

You can complete this review using your Centrelink online account through myGov.

Centrelink online account

1. Sign in to **my.gov.au** and go to **Services**, then select **Centrelink**.
2. Select the **Assurance of Support Assurer Quarterly Review** task on the landing page.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

If you have a printed form:

• Use black or blue pen.
• Print in BLOCK LETTERS.
• Where you see a box like this ⬛▶ *Go to 1* skip to the question number shown.

Returning this form

Return this form and any supporting documents to us **within 14 days** so we can process your application or claim. If you cannot do this **within 14 days**, you must contact us at the earliest possible date to make an arrangement.

Return this form and any supporting documents:

• **online** using your Centrelink online account. For more information, go to **servicesaustralia.gov.au/centrelinkuploaddocs**
• by post to
 Services Australia
 Reply Paid 7800
 CANBERRA BC ACT 2610
• in person at one of our service centres.

For more information

Go to **servicesaustralia.gov.au/assurance** or visit one of our service centres.
Call us on **132 850**.

Information in your language

We can translate documents you need for your claim or payment for free.
To speak to us in your language, call **131 202**.
Call charges may apply.

Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

• the National Relay Service **1800 555 660**, or
• our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to **servicesaustralia.gov.au** and search 'other support and advice'.

1 Your Customer Reference Number (if known)

☐☐☐ ☐☐☐ ☐☐☐ ☐

2 Your name

Mr ☐   Mrs ☐   Miss ☐   Ms ☐   Mx ☐   Other ☐

Family name

☐

First given name

☐

Second given name

☐

3 Your date of birth (DD MM YYYY)

☐☐ ☐☐ ☐☐☐☐

4 Your permanent address

☐

Postcode

5 Your postal address (if different to above)

☐

Postcode

6 In the last 3 months have you **provided** any support to the person(s) listed in your Assurance of Support review letter?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ Give details below for each person named

1 Name

☐

Financial

No ☐   Yes ☐ ▶ How much?

$ ☐ per week

Accommodation

No ☐   Yes ☐ ▶ Estimated value of assistance

$ ☐ per week

Meals

No ☐   Yes ☐ ▶ Estimated value of assistance

$ ☐ per week

Other

No ☐   Yes ☐ ▶ Estimated value of assistance

$ ☐ per week

Continued

2 Name

☐

Financial

No ☐   Yes ☐ ▶ How much?

$ ☐ per week

Accommodation

No ☐   Yes ☐ ▶ Estimated value of assistance

$ ☐ per week

Meals

No ☐   Yes ☐ ▶ Estimated value of assistance

$ ☐ per week

Other

No ☐   Yes ☐ ▶ Estimated value of assistance

$ ☐ per week

3 Name

☐

Financial

No ☐   Yes ☐ ▶ How much?

$ ☐ per week

Accommodation

No ☐   Yes ☐ ▶ Estimated value of assistance

$ ☐ per week

Meals

No ☐   Yes ☐ ▶ Estimated value of assistance

$ ☐ per week

Other

No ☐   Yes ☐ ▶ Estimated value of assistance

$ ☐ per week

If you have provided any support to more than 3 people under the terms of this Assurance of Support, attach a separate sheet with details.

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7 In the last 3 months have you **offered** any support to the person(s) listed in your Assurance of Support review letter?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ Give details below for each person named

1 Name
☐

Financial
No ☐   Yes ☐ ▶ How much?
$ _____ per week

Accommodation
No ☐   Yes ☐ ▶ Estimated value of assistance
$ _____ per week

Meals
No ☐   Yes ☐ ▶ Estimated value of assistance
$ _____ per week

Other
No ☐   Yes ☐ ▶ Estimated value of assistance
$ _____ per week

2 Name
☐

Financial
No ☐   Yes ☐ ▶ How much?
$ _____ per week

Accommodation
No ☐   Yes ☐ ▶ Estimated value of assistance
$ _____ per week

Meals
No ☐   Yes ☐ ▶ Estimated value of assistance
$ _____ per week

Other
No ☐   Yes ☐ ▶ Estimated value of assistance
$ _____ per week

Continued

3 Name
☐

Financial
No ☐   Yes ☐ ▶ How much?
$ _____ per week

Accommodation
No ☐   Yes ☐ ▶ Estimated value of assistance
$ _____ per week

Meals
No ☐   Yes ☐ ▶ Estimated value of assistance
$ _____ per week

Other
No ☐   Yes ☐ ▶ Estimated value of assistance
$ _____ per week

If you have offered any support to more than 3 people under the terms of this Assurance of Support, attach a separate sheet with details.

Privacy notice

8 **You need to read this**

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacypolicy**

Declaration

9 **I declare that:**
- the information I have provided in this form is complete and correct.

I understand that:
- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- giving false or misleading information is a serious offence.

☐ I have read, understood and agree to the above.

Date (DD MM YYYY) (you **must** date this declaration)
☐☐ ☐☐ ☐☐☐☐

Your signature (**only** required if returning by post or in person)